RESPONSE TO FOIL REQUEST

TOWN OF COBLESKILL OFFICE OF RECORDS ACCESS OFFICER

Tina Ward, Town Clerk/Registrar of Vital Statistics 378 Mineral Springs Road, Suite $5 \sim PO$ Box $327 \sim Cobleskill$, NY 12043 Phone (518) 234 -1719

Date FO	IL Request received:			
Requeste	ed by:			
Records	requested:			
[] AP	PROVED			
[] D E	ENIED (for reasons checked/state	d below):		
	Confidential disclosure Unwarranted invasion of personal personal personal personal personal invasion of personal person	privacy al custodian cann gency Freedom of Info	mation Act	
				Continued on back.
SIGNATURE		TITLE		DATE
NOTIC	EE: You have the right to APPE Send to the Office of the Town A within 10 business days of receip	EAL A DENIAI attorney who m	L of your FOIL Re ust fully explain t	equest within 30 days of the
determin	on, please be advised that the Fred nations that follow be sent to to the ace Plaza, 99 Washington Avenue, A	Committee on	Open Government,	= =
I HERE	BY APPEAL:			
SIGNATURE			DATE	